

## **Appendix E**

### **Assembly Test Report Form**

# Backflow Assembly Test Report

Water System Name: \_\_\_\_\_ File No.: \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_  
 Owner of Assembly: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Size of Assembly: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Name of Assembly Manufacturer: \_\_\_\_\_

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker	
I N T I A L	RP	PSI Across	PSI Across	Opened at ____ # Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/>
	DC	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S		Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Other (describe) <input type="checkbox"/>
	FINAL TEST	PSI Across Closed Tight <input type="checkbox"/>	PSI Across Closed Tight <input type="checkbox"/>	Opened at ____ # Reduced Pressure	Satisfactory <input type="checkbox"/>

Initial Test By: \_\_\_\_\_ Certification No. \_\_\_\_\_ Date: \_\_\_\_\_  
 Repaired By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Final Test By: \_\_\_\_\_ Certification No. \_\_\_\_\_ Date: \_\_\_\_\_

This assembly's INITIAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

This assembly's FINAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

I certify the above test has been performed and I am aware of the final performance.

BY: \_\_\_\_\_ Assembly Owner Representative

Distribution: White - Assembly Owner . Pink - Tester . Canary - Water Utility